

EXHIBIT F

INMATE/PAROLEE
APPEAL FORM

DC 602 (12/07)

Location: Institution/Parole Region

Log No.

Category

1. CTF-C

06-03358

8-8

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
I. Cleveland	H-60545	A-1-A	F-11119-256

A. Describe Problem: INMATE Cleveland HAS BEEN TRYING TO RECEIVED DENTAL CARE SINCE SEPT-05" HE HAS FILED A 602" GRIEVANCE, ON 5-23-06- THAT WAS GRANTED ON THE FIRST LEVEL APPEAL LOG-NO: CTF-C-06-01608, DENTIST WAS REPLACED, FORCING INMATE CLEVELAND TO FILE GRIEVANCE ON SECOND LEVEL REQUESTING ANOTHER DENTIST.

See-ATTACH pg.

If you need more space, attach one additional sheet. Witness - OFFICER K. LEWIS

B. Action Requested: THAT THE APPEAL ISSUE IN THE LOG NUMBER CTF-C-06-01608, BE SENT BACK TO INMATE CLEVELAND, SO THAT THIS INMATE MAY SEND TO SACRAMENTO/AN COURTS. AND THAT CALIFORNIA TRAINING FACILITY PAY INMATE CLEVELAND IN THE AMOUNT OF 10,000 FOR PAIN AND SUFFERING, AN INSTITUTION HUMILIATION.

Inmate/Parolee Signature: An Juan Cleveland Date Submitted: 10-10-06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____

Date Submitted: _____

Note: Properly signed appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

OCT 12 2006

OCT 13 2006

06-03358

CTF APPEALS CTF APPEALS

First Level ☒ Granted ☐ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned:

OCT 13 2006

Due Date:

NOV 29 2006

Interviewed by:

How appeal # CTF-C-06-01608 was completed I returned to the Inmate Appeals Office July 11, 2006. Attached is a copy of the completed appeal.

Staff Signature:

X Dennis

Title:

35A

Date Completed:

12/9/06

Division Head Approved:

K. Sather

Title:

CDO

Returned

Signature:

Date to Inmate:

DEC 13

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature:

Date Submitted:

Second Level

☐ Granted☐ P. Granted☐ Denied☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned:

Due Date:

☐ See Attached Letter

Signature:

Date Completed:

Warden/Superintendent Signature:

Date Returned to Inmate:

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature:

Date Submitted:

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted☐ P. Granted☐ Denied☐ Other☐ See Attached Letter

Date: